

International Travel to the US; Dialogue on the Current State of Play

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Two cost scenarios

- Human cost
- Economic cost

Essential human service

- Two patients
 - 12 year old girl from the United Arab Emirates
 - Liver transplant from Saudi Arabia
- Patients can amplify the anger
- Or, they can become ambassadors of goodwill

Economic Cost

- International patient care grew at 11 percent per year for the last decade
 - One of top service exports in terms of growth rate
 - Reached about \$1.9 billion in 2001
 - Dropped by almost 25 percent by 2002 to \$1.4 billion – BEA data
 - Many factors – global recession, SARS, political environment, visa security

Multiplier effect

- For each dollar spent on health care, another two to three dollars downstream
 - Hotels
 - Airlines
 - In-city transportation
 - Interpreters
 - Restaurants and food markets
 - Shops
 - Cultural sites
 - Hospital vendors
 - Hospital support services – international offices
 - Banks
 - Advertising and public relations firms
 - Foreign news vendors
 - Cable television
 - Even architects, engineers and construction

Strategies for change

- Industry has adapted
 - Diversified geographic focus
 - Diversified service lines
 - Diversified marketing approaches
- Made changes to thrive
 - Result: marketplace stabilization
- Patients are coming back **but not at pre-9/11 levels**

But issues remain

- Scientists and researchers
 - China team cancels trip
 - Estimated cost at \$50,000 a researcher
- Medical Residents
 - Philadelphia Inquirer: 35.7 percent of residents arrive late; 11.4 percent at least one month late (Education Commission for Foreign Medical Graduates)
- Business relationships
 - Visa backlog costs US exporters more than \$30 billion since 2002 (The Santangelo Group)

Competition from abroad

- Other countries filling the void
 - Middle Eastern patients to Germany, Britain
- White Paper on behalf of Singapore government – Australia, Thailand, Hong Kong and Malaysia all increasing marketing efforts
 - Asia growth rates – Thailand, 15 percent; Malaysia, 30 percent; US, -5 percent
 - Malaysia, 100,000 foreign medical patients
 - Thailand, 400,000 foreign patients

Hospitals do their part

- Met with State, Commerce and Homeland Security
 - Letters to consulates
- Better inform each patient about the visa process
 - Emphasize need to plan
 - Provide a letter stating treating physician, expected duration of medical stay, estimated cost
- More proactive

More help from government

- Already seeing progress; need to do more
- Better customer service
 - Airport screeners, consulate staff must be people friendly
- More resources on the front lines
 - More persons in the consulates; Mexican and Canadian borders
 - Better organization at the airport
- Streamline process for visitors previously granted security clearance
- Allow residents, researchers to go home and return

Getting the word out

- Better worldwide public relations
- Advertising in trouble spots – not just visa waiver countries
- Using US Ambassadors and their office
 - Coordinate visits of American physicians with local medical community, host medical meetings, visit local press, visit health ministries
- Put out a carefully transformed welcome mat